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MAR 0 6 2009 FORM (to be used for all correspondence as	ΓAL	95, no persons are required to respond Application Number Confirmation Number Filing Date First Named Inventor Group Art Unit	10/588,405 with an effe 2005 Stephan SC	ith an effective filing date of January 19, 005 tephan SCHARFENBERG and Peter TREIPARDT			
Total No. of Pages in this Submiss	sion: 18	Examiner Name Attorney Docket Number ENCLOSURES (check all to	Kevin HURL ZAHFRI P87				
■ Fee Transmittal Form (in Duplicate) ■ Fee attached - Check \$220.00 ■ Amendment/Response [11pgs] □ After Final □ Affidavits/declaration(s) □ Extension of Time Request (in Duplicate) □ Express Abandonment Request □ Information Disclosure Stmt □ Certified Copy of Priority Document(s) □ Response to Missing Part/s Incomplete Application □ Response to Missing Parts under 37 CFR 1.52 or 1.53		□ Assignment papers (for an Application) ■ Drawing(s)Annotated Shapelacement Shap	neet(s) [2] eet(s) [2] //SB/69) n per useful) Petition ation	□ After Allowance Communication to Group □ Appeal Communication to Board of Appeals and Interferences □ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) □ Proprietary Information □ Status Letter ■ Additional Enclosure(s) (please identify below): Postcard			
Signature Date M I hereby certify that this corres	ichael J. Bujolo AVIS & BUJOL Jarch 3, 2009	On P.L.L.C. Mulary	LING States Postal S	Reg. No. 32,018 CUSTOMER NO. 020210			

PTO/SB/17 (10-07) 10 OMB 0651-0032

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1/0	Fees pursuable the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known					
MAR O	FEE TRANSMITTAL For FY 2008 Applicant of ms small entity status. See 37 CFR 1.27					Application No. Filing Date First Named Inventor Examiner Name Art Unit		10/588,405 with an effective filing date of January 19, 2005 Stephan SCHARFENBERG and Peter STREIPARDT Kevin HURLEY 3611			
TOTAL	TOTAL AMOUNT OF PAYMENT: \$220.00						t No.	ZAH	IFRI P87	6US	
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FEE CA	LCULATION										
1.	BASIC FILING, SEARCH, A	ND EXAM	FEES		SEARCH		EXAMIN	IATION FEES			
•.	Application Type	Fee (\$)	Small Er Fee (S		Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entit Fee (4)	<u>-</u>	Fees Paid (\$)	
	Utility	330	165		540	270	220	110			
,	Design	220	110		100	50	140	70			
	Plant	220	110		330	165	170	85			
	Reissue	330	165		540	270	650	325			
	Provisional	220	110		0	0	0	0			
-2.	EXCESS CLAIM FEES Fee Description Each claim over 20 (includin	g Reissue:	s)				Fee (\$) 52	2	Small Ent Fee (\$) 26	<u>iity</u>	
	Each independent claim over	er 3 (includi	ng Reissu	es)			220	1	110	\$220.00	
-	Multiple dependent claims						390	1	195		
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3.	APPLICATION SIZE FEE If the specification and drawi the application size fee due 37 CFR 1.16(s).	ngs exceed is \$260 (\$	d 100 shee 6130 for sr	ts of paper nall entity)	(excluding for each a	g electronically file additional 50 shee	d sequence of ets or fraction	or computer li n thereof. Se	stings un ee 35 U.S	der 37 CFR 1.52(e)). S.C. 41(a)(1)(G) and	
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SUBMITTED BY

OTHER FEE(S)

Non-English Specification,

Signature Name (Print/Type) Michael J. Bujold

\$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for One Month Extension of term

Telephone (603) 226-7490

Fees Paid (\$)

Registration No. (Atty/Agent) 32,018

Date: March 3, 2009

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FO	Effective on bursuant to the Consolidated A	04. ons Act, 2005 (H.	.R. 4818).	Complete if Known					
MAR 0 6 2009 FOR FY 2008 Applicant claims mall entity status. See 37 CFR 1.27					Application No. Filing Date First Named Inventor Examiner Name Art Unit		10/588,405 with an effective filing date of January 19, 2005 Stephan SCHARFENBERG and Peter STREIPARDT Kevin HURLEY 3611		
	MOUNT OF PAYMENT: \$220				Attorney Docket	l No.	ZAHFRI P87	6US	
METHOE	OF PAYMENT (check all that	t apply)							
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1.	BASIC FILING, SEARCH, AN	FILING F		SEARCH	I EEES	EXAMINAT	ION EEES		
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	Utility Design	330 220	165 110	540 100	270 50		10 70		
ž	Plant	220	110	330	165		85		
	Reissue	330	165	540	270		25		
	Provisional	220	110	0	0	0	0		
2.	EXCESS CLAIM FEES Fee Description			J	J	Fee (\$)	Small Ent Fee (\$)	tity	
	Each claim over 20 (including		•			52	26	****	
-	Each independent claim over Multiple dependent claims	3 (includin	ig Reissues)			220 390	110 195	\$220.00	
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4.	OTHER FEE(S)							Fees Paid (\$)	
	Non-English Specification,	\$130 fee	(no small entity	discount)					
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SUBMITT	ED BY		Ω						
Signature	1	Culler	11	Sund			Telephone (60	3) 226-7490	
Name (Print/Typ	e) Michael J	J. Bujold	1		Registration No (Atty/Agent) 3		Date: March 3	, 2009	

Michael J. Bujold